



APPLICATION FOR APPROVAL OF LIFEGUARD QUALIFICATIONS

Nassau County Department of Health
Lifeguard Certification – Room 506
240 Old Country Road, Mineola, N.Y. 11501-4250
Phone # (516) 571- 2591

Last Name (Print)	First Name	Initial	
No.	Street		
Town	State	Zip Code	
Date of Birth / /	Sex	Phone#	

Physician(s) information and signatures **MUST** be completed in both sections of the application.

EYE EXAMINATION (To be completed by physician, ophthalmologist or optometrist)

Enter best vision test score (SNELLEN) with and without corrective lenses. Please enter numerical score only.

UNCORRECTED		CORRECTED		Is it necessary for applicant to wear corrective lenses to achieve a minimum Snellen score of 20/40 in one eye? [] Yes [] No
R	L	R	L	

Physician's Name:		Print	Signature
Address:			
Phone #:	License No.:		Date of Exam:

MEDICAL EXAMINATION

Item	Normal	Abnormal	Additional Remarks by Physician	HEARING STANDARDS Hearing loss in either ear does not exceed 25db between 500 and 2000Hz, 40db at 3000 and 45db at 4000 Hz without correction [] PASS [] FAIL
Head				
Eyes/Nose/Throat				
Thorax/Chest/Pulmonary				
Cardiovascular				
Abdomen/Hernia				
Extremities				
Skin				
Other Defects				

On the basis of your examination, do you recommend that this applicant be considered for a position of a lifeguard? [] YES [] NO

Physician's Name:		Print	Signature
Address:			
Phone #:	License No.:		Date of Exam:

FALSIFICATION OF ANY PART OF THIS APPLICATION WILL AUTOMATICALLY RESULT IN REVOCATION OF ANY LIFEGUARD CERTIFICATION ALREADY HELD AND /OR A TWO-YEAR SUSPENSION FROM TAKING A LIFEGUARD TEST IN ANY GRADE.

Signature of Applicant:	Date:
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INSTRUCTIONS FOR COMPLETING APPLICATION

1. All applicants are required to file in person unless you have already been photographed in this office. This office will photograph all applicants between the hours of **9 AM – 4 PM**, Monday – Friday.
2. Have your physician(s) enter the results of your medical, eye and hearing examination on the reverse side of this form. Physician(s) information and signatures must be completed in both sections of the application. **No copies or faxes accepted.** The examination is valid for one year. **A medical doctor must perform the medical and hearing examination.**
3. Provide a copy of your Basic Lifeguarding or Lifeguard Training card.
4. If you are recertifying, please bring your current or expired card. **You must recertify within one month of the expiration date.**
5. Sign your name in the space provided on the reverse side of this form.
6. All applicants must submit a **check or money order** [NOT CASH] in the amount of **\$30.00** payable to Nassau County Health Department.
7. Please be advised there may be a 4-week waiting period from the time you apply to the next available test date. For those interested in applying for a restricted card, test dates are offered late spring through early summer on a limited basis.
8. Please be advised, an application must be complete in order for an applicant to be processed. There are **NO** exceptions!